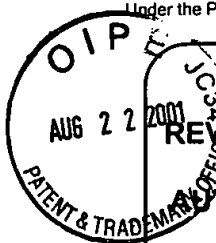




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**REVOCATION OF POWER OF
ATTORNEY OR
AUTHORIZATION OF AGENT**

Application Number	09/660,862
Filing Date	September 13, 2000
First Named Inventor	William POLLACK
Group Art Unit	1645
Examiner Name	V. Ford
Attorney Docket Number	21199000100

I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application:

X A Power of Attorney or Authorization of Agent is submitted herewith.

OR

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I am the:

☐ Applicant/Inventor.

X Assignee of record of the entire interest. See 37 CFR 3.71.

Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	Michael W. Pompay, CFO, Atopix Pharmaceuticals Corp.
Signature	
Date	8/15/01

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.
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 POWER OF ATTORNEY OR AUTHORIZATION OF AGENT	Application Number	09/660,862
	Filing Date	September 13, 2000
	First Named Inventor	William POLLACK
	Title	METHOD OF MANUFACTURING IMMUNE GLOBULIN
	Group Art Unit	1645
	Examiner Name	V. Ford
	Attorney Docket Number	21199000100

I hereby appoint:

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☐ Applicant/Inventor.

X Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	Michael W. Pompay, CFO, Atopix Pharmaceuticals Corp.
Signature	
Date	8/15/01

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

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